

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICAN ACTION NETWORK INC</b>		3. FEC Identification Number <b>C</b> <b>C90011230</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 13TH STREET NW SUITE 510 WEST		
(c) City, State and ZIP Code WASHINGTON DC 20004		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		13		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10		14		2012

6. TOTAL CONTRIBUTIONS ..... **.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **170044.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Stephanie Fenjiro

Stephanie Fenjiro

10/14/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee Direct Impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont avenue nw ste 1100		Amount 17209.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material & distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John Garamendi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17209.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 93.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Lungren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 93.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 17116.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jerry McNerney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17116.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		34418.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 17116.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Denham		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1228963.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Bono-Mack		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		50976.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 5  
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NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 52 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Brian Bilbray		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Matheson		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1100 vermont ave nw ste 1110		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Dold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		50790.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

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Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Judy Biggert		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee direct impact		Date MM / DD / YYYY 10 / 13 / 2012	
Mailing Address 1110 vermont ave nw ste 1100		Amount 16930.00	
City washington	State DC	Zip Code 20005	
Purpose of Expenditure grassroots material and distribution		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: bobby Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16930.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		33860.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)		170044.00	